

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>								Application Number <b>09-961246</b>		Filing Date		
								Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.						
1							51					
10							60					
20							70					
30							80					
40							90					
50							100					
Total Claims	3						Total Claims					
Total Indep.	17						Total Indep.					
Total Depend.	20						Total Depend.					